

961

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 195 State Index No. \_\_\_\_\_  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 10  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Frances Josephine Horner { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child female Twin, Triplet or other One and { Number in order of birth One Legitimacy legit Date of Birth Dec 25 1917  
(Month) (Day) (Yr.)

FATHER  
Full Name Will F. Horner  
Residence Miami Ariz.  
Color or Race White Age at last Birthday 36 (Years)  
Birthplace New Mexico  
Occupation Milk man

MOTHER  
Full Maiden Name Viola Prisk  
Residence Miami Ariz.  
Color or Race White Age at last Birthday 21 (Years)  
Birthplace Colorado  
Occupation House wife

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 25 1917, at 2 A.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. (Signature) B. N. Hardy (Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1917 Address Miami Ariz.

Filed Dec 31 1917 LOCAL REGISTRAR. John H. Roe

689-1229-522 Filed Feb 6 1918 A True Copy B. G. Gray COUNTY REGISTRAR.